

Case Number:	CM15-0140393		
Date Assigned:	07/30/2015	Date of Injury:	07/08/2009
Decision Date:	08/28/2015	UR Denial Date:	07/14/2015
Priority:	Standard	Application Received:	07/20/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 71 year old female, who sustained an industrial injury on 07-08-2009. She has reported injury to the neck and low back. The diagnoses have included cervical sprain/strain; and lumbar degenerative disc disease. Treatments have included medications, diagnostics, TENS (transcutaneous electrical nerve stimulation) unit, cognitive behavioral therapy, physical therapy, and home exercise program. Medications have included Fenoprofen, Lidoderm Patch, and Omeprazole. A progress report from the treating physician, dated 07-06-2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of neck and low back pain rated at 6 out of 10 in severity; the pain is dull, constant, and worse with prolonged walking; using cane; and reports balance issues. Objective findings included decreased cervical spine range of motion; pain elicited on extension; tenderness to palpation of the cervical spine and paraspinal muscles; decreased lumbar spine range of motion with forward flexion up to ankle, and extension; difficulty walking on heels and toes with weakness in the left leg; ambulates with cane assistance; and loss of balance with heel to toe walk. The treatment plan has included the request for lumbar support and cervical pillow.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Lumbar support: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

Decision rationale: Regarding the request for lumbar support, ACOEM guidelines state that lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. Within the documentation available for review, the patient is well beyond the acute stage of injury and there is no documentation of a pending/recent spine surgery, spinal instability, compression fracture, or another clear rationale for a brace in the management of this patient's chronic injury. In the absence of such documentation, the currently requested lumbar support is not medically necessary.

Cervical pillow: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck Chapter, Pillow.

Decision rationale: Regarding the request for a cervical pillow, California MTUS does not address the issue. ODG recommends the use of a neck support pillow while sleeping, in conjunction with daily exercise, as either strategy alone did not give the desired clinical benefit. Within the documentation available for review, there is no documentation of adherence to a daily independent home exercise program. In the absence of such documentation, the currently requested cervical pillow is not medically necessary.